•proposes to impart vocational training to its students?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE (SHRIMATI SUSHILA ROHATGI): The Indira Gandhi National Open University Act came into force on September 20, 1985. The preparation of the details of the academic programmes, the production of material for use of students and ths details of the methodologies for offering different programmes have not yet been finalised.

Computerisation of reservation for the South-East bound trains

463. SHRI SANTOSH KUMAR SAHU: Will toe Minister of TRANSPORT be pleased to state:

(a) whether Government propose to computerise passenger reservation for the South-e£>st bound trains before 31st December, 1925;

(b) if so, what are the details in this regard;

(c) -whether Government contemplate to .introduce the system for computerisation of passenger reservation in other Railways; and

(d) if so, by when?

THE MINISTER OF STATE IN THE DEPARTMENT OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) and (b) lit is pioposed to computerise all reservations of berths and seats on trains originating and passing through Delhi area in two phases. In the first phase, all reservations done in New Delhi will be covered. The mentation of this phase is in progress and is likely to he completed by the end of the current financial year. To allow the system to stabilise fully as also for staff to get accustomed to the new system, implementation of the scheme is being progressed in stages, taking up one or two trains at a time and gradually adding more functions on the. computer. Computerisation of second class reservations on two South-bound trains, G. T. Express and Tamil Nadu Express, was taken up first on an .experimental basis in October, 1985 and *Ih'n* is now gradually getting stabilised.

(c) ond (d) After the system is successfully established at Delhi, similar systems will be set up at other metropolitan cities also. It is proposed to include this wort in the 1986-87 Works Programme.

Iodine deficiency in India

464. SHRIMATI KRISHNA KAUL: Will toe Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that nearly 120 million Indians suffer from Iodine deficiency which impairs brain development,saps energy and hampers all the developmental efforts;

(b) whether it is also a fact that Iodine deficiency cuts at very root of the potential for development of toe people and thus leads to perpetual backwardness of region;

(c) whether Government have identified iodine ceficient regions in the country; and if so, what are the details in regard thereto; and

(d) toe steps taken or proposed to be taken for the eradication of iodine deficiency in the concerned areas?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI KRISHNA KUMAR); (a) and (b) Yes, Sir. In cases of severe deficiency there can be mental retardation.

(c) Yes, Sir. Goitre is prevalent in most parts of the country. (Details are given in the SMement) *(See below).*

(d) Government have proposed com plete iodisation of all in the country in a phased manner during the Seventh and Eighth Five Year Plans.

Statement

Areas identified as Goitre-endemic in various States:

Himachal Pradesh:

1. Sirmor
2. Mandi
3. Bilaspur
4. Muhasu
5. Kangra

6. Shimla
7. Solan
8. Una
9. Hamirpur
10. Kullu
11. Kannaur
12. Chamba

Punjab:

1. Gurdaspur
2. Hoshiarpur
3. Ropar

Haryana:

1. Ambala
2. Gurgaon

Chandigarh:

Bihar:

1. Hazaribagh
2. Palamau
3. Champaran (East & West)
4. Saran
5. Darbhanga
6. Saharsa
7. Purnea
8. Santhal Pragana
9. Ranchi
10. Muzaffarpur

West Bengal:

1. Darjeeling
2. Jalpaiguri
3. Malda
4. West Dinajpur
5. Cooch-Bihar

Nagaland:

1. Kohima
2. Mokokchung
3. Twen-sang

Arunachal Pradesh:

U. T. of Delhi.

Madhya Pradesh:

1. Shahdol
2. Sidhi
3. Rajgarh
4. Sarguja

Manipur:

Uttar Pradesh:

1. Dehradun
2. Bijnore
3. Nainital
4. Deoria
5. Bareilly
6. Rampur
7. Kheri
8. Shahjahanpur
9. Pillibhit
10. Gonda
11. Pauri Garhwal

Maharashtra:

1. Jalna
2. Aurangabad
3. Amravati
4. Wardha
5. Buldhana
6. Satara

Jammu and Kashmir:

1. Udhampur
2. Ananthnag
3. Baramullah
4. Doda
5. Jammu
6. Kathua
7. Poonch-Rajouri
8. Srinagar

Mizoram:

Tripura.

Sikkim.

Gujarat

1. Bharuch
2. Valsad

Kerala

1. Ernakulam

Survey done by the State Governments:

Uttar Pradesh:

1. Almora
2. Pithoragarh
3. Chamoli
4. Garhwal
5. Tehri Garhwal
6. Uttar-Kashi

7. Basti
8. Gorakhpur
9. Badaun
10. Behraich

Assam:

1. Sibsagar
2. Lakimpur
3. Dibrugarh
4. Kamrup
5. Goalpara
6. Darang
7. United Mikir & N. C. Hills
8. Cachar
9. Nowgong

Meghalaya:

1. Garo Hills
2. United Khasi and Jaintia Hills.

Lang Cancer due to cigarette*

465. SHRI J.P. GOYAL; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation in a series of reports has warned that an epidemic of lung cancer is likely to come within a decade to the third world countries because of rapidly increasing cigarette consumption-

(b) if so, the steps being taken by Government to contain the consumption of cigarette by the people of India;

(c) whether the reports and the efforts being made by the United States Health Department to limit smoking hare come to the notice of. Government, if so, the details in regard thereto: and

(d) what specific measures Government propose to take to effectively contain the consumption of cigarettes in the country?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI KRISHNA KUMAR): (a) Yes.

(b) The Government of India has already enacted a legislation entitled 'Cigarettes (Regulation of Production Supply and Distribution) Act. 1975. The main objective of the Act is to provide restriction in relation to trade and commerce and production, supply and distribution of cigarettes and or matters connected therewith or thereto. The- manufacturers are required to display on every cigarette packet/advertisement/hoarding the statutory warning 'Cigarette smoking is injurious to health.' Apart from this, mass media like Radio, T.V., Audio-visual film strips for public demonstration, etc., are being used by the Government to educate public on health hazards due to smoking.

(c) Yes. The details of the report by the United State Health Department may be seen in the enclosed statement. *(See below).*

(d) The Government has made specific provision for educating the public at large in regard to primary and secondary prevention of cancer specially the use of tobacco. Voluntary organisations like the Indian Cancer Seeiety, Bombay, have been involved in the programme.

.. . .Statement

Basic findings of the report are:

1. There is no safe cigarette and on safe level of consumption.

2. Smoking cigarettes with lower yields of 'tar' and nicotine reduces the risk of lung cancer and, to some extent, improves the smoker's chance for longer life, provided there « no compensatory increase in the amount smoked. However, the benefits are minimal in comparison with giving up cigarettes entirely. The single most effective way to reduce hazards of smoking continues to be that of quitting entirely.

3. It is not clear what reductions in risk may occur in the case of diseases other than lung cancer. The evidence in 1ihe case of cardiovascular disease is too limited to warrant a conclusion, nor is there enough information on which to base a judgment in the case of chronic obstructive lung disease. La, the case of smoking's effects on the fetus and newborn, there is no evidence that changing to a lower 'tar* i and nicotine cigarette has any effect at all on reducing risk.